

(c) if so, the reasons why the estimates for the above three tanks have not been sanctioned as yet and the works are not taken up;

(d) whether Government intends to include the above three works in the Budget for 1975-76 and arrange for the execution of the work?

SRI S. B. NAGARAL (Minister of State for Minor Irrigation):—

- (a) These works are not taken up for execution.
- (b) They have been approved
- (c) Due to insufficient yield.
- (d) Does not arise in view of reply to (c) above.

CALLING ATTENTION TO MATTERS OF URGENT
PUBLIC IMPORTANCE

(i) Re:- a dreadful disease in some parts of Shimoga district.

SRI A. R. BADARINARAYAN (Shimoga):—I call the attention of the Minister for Health to the appearance of a dreadful disease in some parts of Shimoga district.

SRI H. SIDDAVEERAPPA (Minister for Health):—I would like to make the following statement in regard to the dreadful, fatal and mysterious disease.

The first information about the disease was received from Sri Kagodu Thimmappa, M.L.A., Sagar by a Telegram dated 18-2-1975. On receipt of this telegram the Joint Director (Health), Directorate of Health and Family Planning Services, Bangalore visited Sagar and surrounding villages. According to his report, in nine villages which had been surveyed, there are 66 cases of which about 18 were admitted to the General Hospital, Sagar. These cases gave a history of pain in the back,

(Sri Siddaverappa)

radiating to the Lower limbs, gradual wasting of muscles of the lower extremity, inability to walk etc. After his visit, woollen rugs, bed sheets and drugs were immediately sent to Sagar. Additional allotment was released towards diet charges. The District Surgeon Shimoga, had suggested that Dr. K. S. Mani, Professor of Neurology All India Institute of Mental Health (now National Institute of Mental Health and Neuro Sciences) Bangalore may be requested to take up further investigation. Subsequently, the Director of Health & Family Planning Services, Bangalore along with Dr. K. S. Mani, visited Sagar and Surrounding Villages and cases were examined in detail at the General Hospital Sagar. According to this, preliminary report, the illness appears to have a very slow insidious onset with slightly progressive course. Both sexes are involved but the illness is common amongst females. The duration of the illness varied from three months to 2-3 years. Low backache is the first symptom followed by pain in the hips and knee joints in mild cases. In moderate cases there is difficulty in walking which is a super added symptom. This is due to pain rather than weakness. In severe cases fixed deformities tend to occur in the back and the lower limbs and pain becomes very severe and walking becomes impossible. In these advanced cases there is some evidence of slight weakness and wasting of muscles in the back of the hip and just above the knee joints. A study of X-Rays suggests that there may be some involvement of hip joints. It is not a fatal illness. There is no evidence that it is due to one of the well recognised nutritional deficiencies. This report had suggested that a team of medical personnel be sent to Sagar to examine these patients in great detail and to take up further tests on blood, urine, spinal fluid etc.

Dr. K. S. Mani submitted a detailed proposal for taking up further investigation. In pursuance of this proposal, a team of 14 members again went to Sagar to

take up detailed investigation from 3-2-1975 to 10-2-1975. This team was headed by Dr. K. S. Mani, Professor of Neurology, All India Institute of Mental Health.

Dr. H. K. Sreenivasa Murthy, Orthopaedic Surgeon was also requested to take up investigation along with the Team. The Team after returning has submitted a preliminary report.

The Team had collected samples of blood, urine, SSF etc. X-Ray examination, EKG and Electrophysiological studies were also carried out.

Dr. H. K. Sreenivasa Murthy has conducted some corrective surgery on a few patients and Biopsy material was taken from muscles, bones, joints, etc. Some of these samples collected are for viral studies at the Virus Research Centre Poona. The team has felt that this is not a case of Paralysis, nor a wasting disease and is not confined only to Harijans. This disease is primarily involving bones and joints. The results of the investigation are awaited before final opinion can be given. The Team had visited Siddapur in North Kanara District also. There are no such cases in Siddapur Taluk.

45 Cases have been admitted to General Hospital, Sagar as on 6-2-1975, out of a total of 126 cases reported from 15 villages. Out of 45 cases, there are 11 cases who are non-harijans. Further survey work is in progress to detect such cases. Staff of neighbouring Taluk Siddapur, in north Kanara District has also been alerted to be on the lookout for such cases. Water samples have been collected from about 9 villages for analysis.

Incidentally I may mention about the occurrence of this disease in two villages of Chickmagalur District, a report of which I have very recently received.

9-30 A. M.

ಶ್ರೀ ಎ. ಅರ್. ಬಿಡ್‌ನಾರಾಯಣ :—ಈ ಕಾಯಿಲೆ ಏನೆಂಬುದನಿನ್ನೊಂದು ಹಿಡಿದಿದ್ದು. ಇದನ್ನು ಕುಡು ಹಿಡಿಯಾವರೆಗೂ ಹಾಲಿ ಸರಳತ್ವದ್ವಾರಾ ಕಾಯಿಲೆ ಜನರಿಗೆ ಚಿಕಿತ್ಸೆ ಕೊಡುವುದಕ್ಕೆ ಏನು ವ್ಯವಕ್ಷೇತಿ ವಾಡಿದ್ದೀರಾ?

SRI H. SIDDAVEERAPPA :—I have received a latest report from Dr. Mani suggesting a treatment. There is an All India Institute at Delhi and Poona. I have already given instructions to our Experts to continue the treatment which has been suggested by Dr. Mani.

SRI A. R. BADRINARAYAN: Such mysterious diseases are peculiar only to Sagar Taluk. Sagar seems to be very unfortunate in this respect. Has Government gone into the question why a particular locality, why a particular tank has been suffering from such mysterious diseases like the Kasanoor forest disease and the new type of virus disease; is it due to any deficiency in food or is it due to dieting habit or is it due to contagion water?

SRI H. SIDDAVEERAPPA.—This disease is not due to nutritional deficiency or the water pollution. Every possible investigation has been undertaken. Government are very much exercised about this disease. If we look at the photos which have appeared in the papers, it gives a very sorrowful scene of the whole thing. Why Shimoga District and of all places Sagar Taluk is localised is understandable. I have written to the Government of India in this respect. If necessary we will contact WHO whether they will be in a position to help us. This is a very unfortunate thing. This disease is of recent occurrence.

ಶ್ರೀ ಎ. ಅರ್. ಬಿಡ್‌ನಾರಾಯಣ :—ಕೊಳ್ಳಬೊರಿನಲ್ಲೂ ಇತ್ತೀಚೆಗೆ ಹೀಗೆ ಅಗ್ತಿತ್ವದೆ ಎಂಬ ಅಂಶ ತವ್ಯ ಗಮನಕ್ಕೆ ಒಂದಿರೆಯೇ?

ಶ್ರೀ ಎಚ್. ನಿಹಂತ್ರೇಪ್ಪ.—ನನಗೆ ಆಗತಾನ್ಯೇ ಬಾದಿರಾವ ವರದಿಯಲ್ಲಿ ಚಿಕಿತ್ಸಾಗಳೂ ಜಿಲ್ಲೆಯ ಏರಡು ಗ್ರಾಮಗಳಲ್ಲಿ ಈ ಕಾಯಿಲೆ ತರೆದೊರೆದೆ

ಎಂಬುದಾಗಿ ತಿಳಿದುಬಂದಿದೆ. ಅಲ್ಲಿಗೂ ಕೂಡ ಒಂದು ಡಾಕ್ ರುಗಳ ಸ್ತೇಪಲ್ ಟ್ರೀಮುನ್ನು ಕೆಳುಯಿಸಿದ್ದೇನೆ. ಇದು ಪನೆಬುದನ್ನು ಕಂಡು ಹಿಡಿಯಿದೆ ನಾಷು ನುಮ್ಮನ್ನೆ ಕ್ಯೂಕಟ್ಟಿ ಕೆಲಿತುಕೊಳ್ಳುವುದಕಾಗುವುದಿಲ್ಲ. ಇದೇಸೆಂಬಾದನ್ನು ಕಂಡು ಹಿಡಿಯುವುದಕ್ಕೆ ನರ್ವ ಪ್ರಯತ್ನಗಳನ್ನೂ ಮಾಡತ್ತೇವೆಂಬ ಭರವನೆಯನ್ನು ಕೊಡುತ್ತೇನೆ.

ಶ್ರೀ ಕಾಗೋಡು ತಿಮ್ಮಪ್ಪ.—ಅಲ್ಲಿ ಈಗ ಈ ಕಾಯಿಲೆಯಿಂದ ನರಭಾತಿ ರು ವರೆಗೆ ಸಂಖ್ಯೆ 125ಕ್ಕೆ ಮುಂಟಿದೆ. ಅದರೆ ಅಲ್ಲಿ ಅಸ್ತ್ರತ್ಯೆಯಲ್ಲ 45 ಕೇನ್ಸಾಗಳನ್ನು ಮಾತ್ರ ಟ್ರೀಟ್ ಮಾಡಲಾಗುತ್ತದೆ. ಅಲ್ಲಿ ಭಾತ್ಯಾಗಿರಾವುದರಿಂದ ಬೇರೆಂಬ ವರಿಗೆ ಅಲ್ಲಿ ನೆಳೆಯಿಲ್ಲ. ಈ ರೋಗಿಗಳನ್ನು ಬೇರೆ ಜಾಗದಲ್ಲಿಟ್ಟು ಟ್ರೀಟ್ ಮೊಂಟ್ ಕೊಡುವುದಕಾಗುವುದಿಲ್ಲ. ಆ ಕಾಯಿಲೆಯಿಂದ ನರಭಾತ್ರಿರುವ ಪ್ರಕಳನ್ನು ನೋಡುವುದಕ್ಕೆ ಸಾಧ್ಯವಾಗದೆ ಅವರನ್ನೆಲ್ಲಾ ಜೀಎಂನ್ನೀ ಇಂಗ್ಲಿಂಗ್ ತರಲಾಗಿದೆ. ಅದರೆ ಅಲ್ಲಿ ತೆಕ್ಕಣಕ್ಕೆ ನೆಕಾರರೆದವರು ಒಂದು ಹಂಗಾಮಿ ಫೆಡ್ ನಾನ್ಯಾದರೂ ಮಾಡಿ ಇವರಿಗೆ ಟ್ರೀಟ್ ಮೊಂಟ್ ಕೊಡುವುದಕ್ಕೆ ಏನಾದರೂ ಒಂದು ವ್ಯವಸ್ಥೆ ಮಾಡಲೇಬೇಕು ಮತ್ತು ಅವರಿಗೆ ದಯಾಟ್ ವ್ಯವಸ್ಥೆ ಕೂಡ ಅಗಬೇಕು.

ಶ್ರೀ ಎಚ್.—ಸಿದ್ದೀರಪ್ಪ.—ಅಲ್ಲಿ ಭತ್ರ ವಗ್ನೀರೆ ಏನಾದರೂ ಇದ್ದರೆ ಅಥವಾ ಬೇರೆ ಕಟ ಡಗ್ಲಿ ನೋಕರ್ ಎಂದರೆ ಹೇಳಿ ಅದನ್ನೂ ಮಾಡೋಣ. ಅದರೆ ಚೆಂಪರಿಯಾಗಿ ಚೆಂಟ್ ಹಾಕುವುದರಿಂದ ಏನೂ ಉಪಯೋಗವಾಗಲಾರದೆಂದು ನನ್ನ ಅಭಿಪ್ರಾಯ.

ಶ್ರೀ ಕೋಣಂದೂರು ಲಿಂಗಪ್ಪ—ನಮ್ಮ ಗ್ರಾಮದಲ್ಲಿ ಕೂಡ ಈ ರೋಗ ಕೇವಲ ಆ ಒಂದು ಸೊನಗಾರಲ್ಲಿ ಜಾತಿಯ ಜನರಿಗೆ ಮಾತ್ರವೇ ಬಂದಿದೆ.... ಅವರ ಕೇರಿಯಲ್ಲಿ ಮಾತ್ರ ಇದಿದೆ.

(ii) *Re : Spread of Kyasanoor forest disease in Sagar Taluk.*

SRI KAGODU THIMMAPPA (Sagar)—Sir, I call the attention of the Minister for Health to the Spread of 'Kyasanoor' forest disease in Sagar Taluk.

SRI H. SIDDAVEERAPPA (Minister for Health):—I beg to make the following Statement.